(b) if so, whether Government have issued any guidelines to be followed by the private practititioners; and

(c) the other details in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir. Under Revised National TB Control Programme (RNTCP), there is a scheme to privde free drugs to TB patients even if they are getting treatment from private practititioners.

(b) and (c) To increase the access to TB care services in the country including Delhi, guidelines have been evolved for involvement of private practitioners. Private Practititioners (PPs) can involve themselves in the implementation of Revised National TB Control Programme (RNTCP) through the concerned Districts TB Control Society through following schemes;

1. Referral of patients.
2. Provision of Directly Observed Treatment.
3. Designated microscopy centres set up for microscopy only or for both microscopy and treatment for which commodity assistance/ commodity and financial assistance is provided.

For provision of free anti-TB drugs through private practitioners, the PPs are required to provide treatment to patients as per RNTCP Guidelines. It is mandatory to display in the clinics, a sign in their local language indicating that it is a DOTS Centre under RNTCP and all anti-TB drugs under RNTCP are provided by Government of India and is given to the patients free of cost.

Tele Medicine Technology

1241. SHRI H.K. JAVARE GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to provide the services of experts located in Metropolis and big cities to the patients located in small towns and rural areas through Tele-Medicine Technology;

(b) if so, the details of the scheme or project;

(c) whether Government propose to establish a Tele-Medicine Technology centre in Karnataka; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The Department of Information Technology has informed that they have initiated the following projects for the development of telemedicine:

(i) Telemedicine for diagnosis and monitoring of tropical disease over low speed Wide Area Network (WAN): The telemedicine Technology for diagnosis and monitoring of skin and blood related tropical diseases has been developed by WEBEL, a Government of West Bengal undertakng, and Indian Insitutute of Technology (IIT) Khargpur. The system has been installed in the School of Tropical Medicine Kolkata and a District Hospital.

Another project on telemedicine using the technology developed by WEBEL & IIT Khargpur has been initiated wherein telemedicine facilities would be installed at two referral hospitals and four District hospitals using the West Bengal State Wise Area Network of 2 Mbps.

(ii) Development of telemedicine for management of treatment of cancer patients by Electronic Research & Development Centre (ER&DCI), Thiruvananthapuram in association with Regional Cancer Centre (RCC), Thiruvananthapuram using Internet: The objective is to provide a web-based service over Internet for cancer patients at remote locations by RCC Thiruvananthapuram in cancer detection, treatment, pain relief and follow up advice.

(iii) Development of Telemedicine technology using high speed communication network interconnecting three referral hospitals namely Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS) Lucknow, Post Graduate Institute of Medical Education and Research (PGIMER) Chandigarh and All India Institute of Medical Sciences (AIIMS), New Delhi is under implementation by Centre for Electronic Design & Technology (CEDT) & Centre for Development of Advance Computing (CDAC) two societies under DIT.

(iv) DIT is also working out modalities of a scheme for establishing the telemedicine centres at state level hospitals in North East states and Sikkim.

(c) and (d) There is no such proposal under consideration in the Ministry of Health and Family Welfare.

Report of pay anomaly committee of Dr. RML Hospital

†1242. SHRI RAMA SHANKER KAUSHIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government had constituted a Committee in 1997 to remove anomaly in fixation of pay scale of Accountants working in Dr. Ram Manohar Lohia Hospital who are senior to Head Clerks but getting lower pay than the Head clerks; and

(b) if so, the details of report submitted by the said Committee?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Department Anomaly Committee (DAC) was constituted in the year 1998 to examine the Pay Anomaly in the cadre of Junior Accountant/Accountant and head Clerks.

The DAC opened that the issue belonged to common category which could be examined by the National Anomaly Committee only.

Inspection of CGHS Dispensaries

1243. SHRI ABANI ROY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a high-level Central Task Force team has recently conducted inspections in several CGHS Dispensaries in the Capital and found several bottlenecks;

(b) if so, the details thereof;

(c) whether the functioning of CGHS Dispensaries is deteriorating day by day on several counts;

(d) if so, the details thereof; and

(e) the concrete steps taken by Government to improve the functioning of CGHS Dispensaries in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

†Original notice of the question was received in Hindi.